

APR FEB 24 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2415

Registration District No. 262

Primary Registration District No. 4161

Registrar's No.

1. PLACE OF DEATH:

(a) County De Kalb
(b) City or town Union Star Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. (Specify whether years, months or days)
In this community 1 yr.

3. (a) PRINT FULL NAME Frank E. Hayter

3. (b) If veteran, name war 1 3. (c) Social Security No. 1

4. Sex Male 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Hayter 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased 12-25-1861
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 2 If less than one day hr. min.

9. Birthplace Stewartsville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Furniture salesman
Retired

11. Industry or business Retired
12. Name George Hayter
13. Birthplace Dekalb Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Malinda Magill
15. Birthplace Clinton Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant W. H. Shippard

(b) Address Stewartsville Missouri

17. (a) Removal (b) Date thereof Jan. 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Mo

18. (a) Signature of funeral director L. M. Wilson

(b) Address Key City Mo
19. (a) 1-27-41 (b) E. M. Reynolds
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dekalb
(c) City or town Union Star
(If outside city or town limits, write "RURAL")
(d) Street No. 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Jan 25, 1941, to Jan 27, 1941;
that I last saw him alive on Jan 27, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Due to 72 Day

Due to 73 1/2

Other conditions 73 1/2
(Include pregnancy within 3 months of death)

Major findings: 73 1/2
Of operations 73 1/2
Of autopsy 73 1/2

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 73 1/2
(b) Date of occurrence 73 1/2
(c) Where did injury occur? 73 1/2 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 73 1/2

(Specify type of place) 73 1/2
While at work? (e) Means of injury 73 1/2

23. Signature E. M. Reynolds (M. D. or other) 1
Address Union Star Mo Date signed 1-29-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed Lucile M. Wilson

Licensed Embalmer No. 2830

P. O. Address King City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.